

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>PA</i>	<i>70891</i>	<i>3/10</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>8</i>	<i>3/6/00</i>
<b>FORMALITY REVIEW</b>	<i>BT</i>	<i>60245</i>	<i>3-8-00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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18	N
19	N
20	N
21	N
22	✓
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26	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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